

CONTROL NO.

DDS/OC-060

REPORTS INVENTORY

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE
OF
REPORT

STATISTICAL

☒ NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

Status Report

PERSONNEL

TRAINING

ADMIN. GENERAL

LOGISTICS

SECURITY

OTHER (specify)

MEDICAL

FINANCE

1. COMMUNICATIONS

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Quarterly

6. DISTRIBUTION (No. of components not number of copies)

1

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

☐ YES

IF YES GIVE ADP PROCESSING NO.

☒ NO

OC-0

Memorandum (form)

10. PREPARING COMPONENT (include lowest level contributing information to report)

OC-AFS/AMS/ES/FES/MES

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS4-17	GS13 Average 8.61		11		94.74		4		378.96

B. COSTS OF COMPUTER PRODUCED REPORTS

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4/4

TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. STAT

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS☐ OTHER (explain)☐ CHANGE☒ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

44

DOLLARS

378.96

18. EXTENSION

16. DATE OF INVENTORY

6 Oct 70

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

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